

## ***Financial Assistance Application Checklist***

Kalispell Regional Healthcare has a Financial Assistance Program available for patients who find they are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, assets owned by the household and household size. Please complete the entire application and return it with the required documentation to:

Kalispell Regional Medical Center  
Attn: Financial Clearance  
310 Sunnyview Lane  
Kalispell, MT 59901

Please make sure that you include all of the required documentation with your application to avoid any delay in processing your application. If you have applied for Financial Assistance in the past, you must submit new and current documentation with your application. We cannot use information from your previous application.

- Did you sign and date the application?
- Did you enclose your most recent tax returns (state and federal) all pages include W-2s?
- Please enclose a copy of your most recent pay stub.
- Did you enclose all award letters for unemployment, social security benefits, public assistance (SNAP, WICK) etc.?
- Did you enclose copies of your last 3 bank statements (Personal and Business Accounts)?
- Did you enclose a copy of your last three pension checks or investment account statements (savings, CDs, stocks, etc.?)
- If you have a business, a current Profit and Loss statement will be required

If additional information and/or documentation are required, we will contact you by phone or by mail within 5 business days of receiving your application. You will be notified in writing of the decision regarding this application. If you have any questions or concerns regarding your application please contact a Financial Advisor at (406) 752-1767 Monday through Friday between the hours of 7:30 am and 5:00 pm MST.

Sincerely,

Financial Advisor  
Financial Clearance Department  
Kalispell Regional Healthcare